

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Spokane
Township of Kanabell
OR
Inc. Town of.....

City of *By Court Order dtd. 5-18-84, *HELEN CALDWELL KNOX
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Caldwell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF

*Feb 18, 1922

BIRTH Feb 20, 1922
(Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Caldwell

(15) PRESENT POSTOFFICE OF MOTHER

Idaho

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

St. C. S. C.

(19) OCCUPATION

School

(20) Number of children born to mother, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 a. M., on the date above stated.
(Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Chapman, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 22 1922

(28) E. C. Adams
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

CO #503 6-22-84

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